

## MULTIPLE DEPENDENT CLAIM

## CALCULATION SHEET

(FOR USE WITH FORM PTO-875)

FEE

SERIAL NO.

11/ 579012

FILING DATE

10.30.06

APPLICANT(S)

## CLAIMS

	AS FILED		AFTER 1 <sup>st</sup> AMENDMEN		AFTER 2 <sup>nd</sup> AMENDMEN	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3						
4						
5						
6						
7						
8						
9						
10			1			
11	1		1			
12				1		
13						
14						
15						
16	1		1			
17				1		
18						
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45						
46						
47						
48						
49						
50						
TOTAL IND.			3			
TOTAL DEP.			19			
TOTAL CLAIMS			22			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMEN		AFTER 2 <sup>nd</sup> AMENDMEN	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
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97						
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99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						